

KELLEY DRYE & WARREN LLP

A LIMITED LIABILITY PARTNERSHIP

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MICHAEL DOVER

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NEW YORK, NY
LOS ANGELES, CA
CHICAGO, IL
STAMFORD, CT
PARSIPPANY, NJ
BRUSSELS, BELGIUM

AFFILIATE OFFICES
MUMBAI, INDIA

November 6, 2013

Via ECFS

Ms. Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Submission of FCC Form 481 Annual Report for American Broadband
Telecommunications Company; WC Docket No. 10-90

Dear Ms. Dortch:

On behalf of American Broadband Telecommunications Company (“American Broadband” or “Company”), pursuant to 47 C.F.R. § 54.422(c), enclosed please find completed copies of FCC Forms 481 for all relevant Study Area Codes. On October 11, 2013, American Broadband properly filed these forms with USAC. Due to the government shutdown, the Company was unable to submit them to the FCC at that time. By omission, American Broadband did not immediately file copies of Form 481 immediately after the government reopened.

American Broadband is a wireless Lifeline-only Eligible Telecommunications Carrier (“ETC”) and has only been designated by states. American Broadband has not been designated by the Federal Communications Commission as an ETC in any state. Therefore, the Company has included only the information required by 47 C.F.R. § 54.422(a).

KELLEY DRYE & WARREN LLP

Ms. Marlene H. Dortch, Secretary
Federal Communications Commission
November 6, 2013
Page Two

Please contact the undersigned at (312) 857-7087 if you have any questions or require additional information.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Michael Dover", with a stylized flourish extending to the right.

Michael Dover

*Counsel to American Broadband and
Telecommunications Company*

Enclosure

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	329020
<015> Study Area Name	American Broadband and Telecommunications Company
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Jeffrey Ansted
<035> Contact Telephone Number: Number of the person identified in data line <030>	(419) 824-5810
<039> Contact Email Address: Email of the person identified in data line <030>	jsawambt.net

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="text"/> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<input type="text"/> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<410> Fixed	<input type="text"/>		
<420> Mobile	<input type="text"/>		
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	<input type="text"/>		
<450> Mobile	<input type="text"/>		
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<510> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<610> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	329020
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jasaambt.net
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/> (yes / no) <input type="radio"/> <input type="radio"/>
<111>		

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	329020
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	j3a@ambt.net

1/1/2013

<701>	Residential Local Service Charge Effective Date
<702>	Single State-wide Residential Local Service Charge

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	329020
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jasadambc.net

[illegible]

**(800) Operating Companies
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	329020
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jaa@ambt.net
<810>	Reporting Carrier	American Broadband and Telecommunications
<811>	Holding Company	American Broadband and Telecommunications
<812>	Operating Company	American Broadband and Telecommunications

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	329020
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5610
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsaaambt.net
<910>	Tribal Land(s) on which ETC Serves	

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

(1100) No Terrestrial Backhaul Reporting		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	329020
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsavambt.net

<1120> ☐ Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> ☐ Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	329020
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jaa@ambt.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220>	Link to Public Website	Name of attached document (.pdf)
		www.americanassistance.com

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation**Data Collection Form****Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	329020
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Jansed
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jasaambt.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1))
- <2011> 3rd Year Certification (47 CFR § 54.313(b)(2))

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification
- <2018> 5th Year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF, on line 2021,

contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	329020
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5610
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff@ambtc.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

		Name of Attached Document Listing Required Information	
(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		<input type="checkbox"/>
(3011)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3015)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3016)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		<input type="checkbox"/>
(3017)	If the response is no on line 3014, is your company audited?		<input type="checkbox"/>
(3018)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.		<input type="checkbox"/> (Yes/No)
(3019)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
(3020)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.		<input type="checkbox"/>
(3021)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3022)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3023)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3024)	Attach the worksheet listing required information		<input type="checkbox"/>
(3025)			<input type="checkbox"/>
(3026)			<input type="checkbox"/>

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	329020
<015> Study Area Name	American Broadband and Telecommunications Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035> Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039> Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	329020
<015> Study Area Name	American Broadband and Telecommunications Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035> Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039> Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Mike Dover</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Mike Dover
Name of Reporting Carrier:	American Broadband and Telecommunications Company
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/14/2013
Printed name of Authorized Officer:	Jeffrey Ansted
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	419-824-5810
Study Area Code of Reporting Carrier:	329020 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	American Broadband and Telecommunications Company
Name of Authorized Agent or Employee of Agent:	Michael Dover
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/14/2013
Printed name of Authorized Agent or Employee of Agent:	Michael Dover
Title or position of Authorized Agent or Employee of Agent:	Counsel for American Broadband and Telecommun
Telephone number of Authorized Agent or Employee of Agent:	(312) 857-7087
Study Area Code of Reporting Carrier:	329020 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	329020
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net
<810>	Reporting Carrier	American Broadband and Telecommunications
<811>	Holding Company	American Broadband and Telecommunications
<812>	Operating Company	American Broadband and Telecommunications

[illegible]

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**
FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	319032
<015> Study Area Name	American Broadband and Telecommunications Company
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Jeffrey Ansted
<035> Contact Telephone Number: Number of the person identified in data line <030>	(419) 824-5810
<039> Contact Email Address: Email of the person identified in data line <030>	jsawambt.net

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		<input type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<410> Fixed		<input type="checkbox"/>	<input type="checkbox"/>
<420> Mobile		<input type="checkbox"/>	<input type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed		<input type="checkbox"/>	<input type="checkbox"/>
<450> Mobile		<input type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<510> <input type="checkbox"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<610> <input type="checkbox"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="checkbox"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110> <input type="checkbox"/>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	319012
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeaanbt.net
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/> (yes / no) <input type="radio"/> <input type="radio"/>
<111>		

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<010>	Study Area Code	319032
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@anbt.net

[illegible]

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code
319032	

Study Area Name	American Broadband and Telecommunications Company
<015>	

<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted

<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810

<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge
<701>		
<702>		

1/1/2013	
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[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	315032
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net
<810>	Reporting Carrier	American Broadband and Telecommunications
<811>	Holding Company	American Broadband and Telecommunications
<812>	Operating Company	American Broadband and Telecommunications

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	319032
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jaa@ambt.net
<910>	Tribal Land(s) on which ETC Serves	

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Select (Yes, No, NA)
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	319012
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers**Lifeline
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	319032
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsaanbt@et

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public WebsiteHTTP www.americanassistance.com

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	319012
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5610
<039>	Contact Email Address - Email Address of person identified in data line <030>	javanambt.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, Frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1))
- <2011> 3rd Year Certification (47 CFR § 54.313(b)(2))

--

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

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Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband

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Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification

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Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

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(3000) Rate Of Return Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	319032
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5910
<039>	Contact Email Address - Email Address of person identified in data line <030>	ja@ambt.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i))
Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3011) Milestone Certification (47 CFR § 54.313(f)(1)(ii))
Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))
Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report
Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:
Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3015) PDF of Balance Sheet, Income Statement and Statement of Cash Flows
If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

(3017) If the response is no on line 3014, Is your company audited?
If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:
Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows

(3018) Management letter issued by the independent certified public accountant that performed the company's financial audit
If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:
Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

(3019) Underlying information subjected to a review by an independent certified public accountant
Underlying information subjected to an officer certification.

(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows
Attach the worksheet listing required information

(3021) Name of Attached Document Listing Required Information

(3022) Name of Attached Document Listing Required Information

(3023) Name of Attached Document Listing Required Information

(3024) Name of Attached Document Listing Required Information

(3025) Name of Attached Document Listing Required Information

(3026) Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	319032
<015> Study Area Name	American Broadband and Telecommunications Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035> Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039> Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	319032
<015> Study Area Name	American Broadband and Telecommunications Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035> Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039> Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Mike Dover</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Mike Dover
Name of Reporting Carrier:	American Broadband and Telecommunications Company
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Officer:	Jeffrey Ansted
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	419-824-5810
Study Area Code of Reporting Carrier:	319032 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	American Broadband and Telecommunications Company
Name of Authorized Agent or Employee of Agent:	Michael Dover
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Agent or Employee of Agent:	Michael Dover
Title or position of Authorized Agent or Employee of Agent:	Counsel for American Broadband and Telecommun
Telephone number of Authorized Agent or Employee of Agent:	(312) 857-7087
Study Area Code of Reporting Carrier:	319032 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	319032
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	j8a@ambt.net
<810>	Reporting Carrier	American Broadband and Telecommunications
<811>	Holding Company	American Broadband and Telecommunications
<812>	Operating Company	American Broadband and Telecommunications

[illegible]

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	319022
<015> Study Area Name	American Broadband and Telecommunications
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Jeffrey Ansted
<035> Contact Telephone Number: Number of the person identified in data line <030>	(419) 824-5810
<039> Contact Email Address: Email of the person identified in data line <030>	jsa@ambt.net

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		<input type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<410> Fixed		<input type="checkbox"/>	<input type="checkbox"/>
<420> Mobile		<input type="checkbox"/>	<input type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed		<input type="checkbox"/>	<input type="checkbox"/>
<450> Mobile		<input type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<510> <input type="checkbox"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<610> <input type="checkbox"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="checkbox"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	319022
<015>	Study Area Name	American Broadband and Telecommunications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5910
<039>	Contact Email Address - Email Address of person identified in data line <030>	jea@ambt.net
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing "5 year plan" filed with the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/> (yes / no) <input type="radio"/> <input type="radio"/>
<111>		

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

<113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	319022
<015>	Study Area Name	American Broadband and Telecommunications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jaa@ambt.net

[illegible]

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	319022
<015>	Study Area Name	American Broadband and Telecommunications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsaauambt.net

1/1/2013

	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge
<701>		
<702>		

[illegible]

<000>> COLLEGE TRIP

> (419) 824-5810

[illegible]

(900) Tribal Lands Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	319022
<015>	Study Area Name	American Broadband and Telecommunications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jaa@ambt.net
<910>	Tribal Land(s) on which ETC Serves	

<920>	Tribal Government Engagement Obligation	Name of Attached Document (.pdf)
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If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Select (Yes, No, NA)
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	319022
<015>	Study Area Name	American Broadband and Telecommunications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	319022
<015>	Study Area Name	American Broadband and Telecommunications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@anbt.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220>	Link to Public Website	HTTP	Name of attached document (.pdf)
		www.americanassistance.com	

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Retain Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	319022
<015>	Study Area Name	American Broadband and Telecommunications
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 924-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	<input type="checkbox"/>

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	319022
<015>	Study Area Name	American Broadband and Telecommunications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 924-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	j582anb@f.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan	Name of Attached Document Listing Required Information	
(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		<input type="checkbox"/>
(3011) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3012) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3013) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		<input type="checkbox"/>
(3014) If the response is no on line 3014, Is your company audited?	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No)
(3015) If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3016) Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
(3017) If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.		<input type="checkbox"/>
(3018) Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3019) Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021) Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="checkbox"/>

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	319022
<015>	Study Area Name	American Broadband and Telecommunications
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	319022
<015> Study Area Name	American Broadband and Telecommunications
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035> Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039> Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Mike Dover</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Mike Dover
Name of Reporting Carrier:	American Broadband and Telecommunications
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Officer:	Jeffrey Ansted
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	419-824-5810
Study Area Code of Reporting Carrier:	319022 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	American Broadband and Telecommunications
Name of Authorized Agent or Employee of Agent:	Michael Dover
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Agent or Employee of Agent:	Michael Dover
Title or position of Authorized Agent or Employee of Agent:	Counsel for American Broadband and Telecommun
Telephone number of Authorized Agent or Employee of Agent:	(312) 857-7087
Study Area Code of Reporting Carrier:	319022 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**
FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	309003
<015> Study Area Name	American Broadband and Telecommunications Company
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Jeffrey Ansted
<035> Contact Telephone Number: Number of the person identified in data line <030>	(419) 824-5810
<039> Contact Email Address: Email of the person identified in data line <030>	jsa@ambt.net

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		<input type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="text"/> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<input type="text"/> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<410> Fixed	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<420> Mobile	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<450> Mobile	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<510> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<610> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	309003
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	j.aansted@net
<110>	Has your company received its ETC certification from the FCC?	<input type="radio"/> (yes) <input checked="" type="radio"/> (no)
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	<input type="radio"/> (yes) <input checked="" type="radio"/> (no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

FCC Form 481
OMB Control No. 3050-0986/OMB Control No. 3050-0819
July 2013

<010>	Study Area Code
309003	

Study Area Name
<015>

American Broadband and Telecommunications Company

2014

<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
-------	---	----------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	(419)	824-5810

<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

 $\langle 220 \rangle$ [illegible]

<010>	Study Area Code	309003
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsadambt.net

1/1/2013	
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<701>	Residential Local Service Charge Effective Date
<702>	Single State-wide Residential Local Service Charge

[illegible]

<010>	Study Area Code	309003
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	
	Jeffrey Ansted	
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	isaac@mt.net

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	309003
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeasambt.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

	Select (Yes, No, NA)
<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<922> Feasibility and sustainability planning;	
<923> Marketing services in a culturally sensitive manner;	
<924> Compliance with Rights of way processes	
<925> Compliance with Land Use permitting requirements	
<926> Compliance with Facilities Siting rules	
<927> Compliance with Environmental Review processes	
<928> Compliance with Cultural Preservation review processes	
<929> Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting		FCC Form 481	
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
		July 2013	

<010>	Study Area Code	309003
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsauambt.net

Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	309003
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5910
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

HTTP www.americanassistance.com

<1220> Link to Public Website

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation		FCC Form 481	
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013	
<010>	Study Area Code	309003	
<015>	Study Area Name	American Broadband and Telecommunications Company	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted	
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 924-5810	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsaambt.net	

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting	
<2010> 2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011> 3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	
<2012> 2013 Frozen Support Certification	<input type="checkbox"/>
<2013> 2014 Frozen Support Certification	<input type="checkbox"/>
<2014> 2015 Frozen Support Certification	<input type="checkbox"/>
<2015> 2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	
<2016> Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))	
<2017> 3rd year Broadband Service Certification	<input type="checkbox"/>
<2018> 5th year Broadband Service Certification	<input type="checkbox"/>
<2019> Interim Progress Certification	<input type="checkbox"/>
<2020>	<input type="checkbox"/>
Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	
<2021> Interim Progress Community Anchor Institutions	<input type="checkbox"/>
Name of Attached Document Listing Required Information	

(3000) Rate Of Return Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	309003
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	isa@ambt.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i))
Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3011) Community Anchor Institutions: (47 CFR § 54.313(f)(1)(ii))
Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report
Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:
Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3012) PDF of Balance Sheet, Income Statement and Statement of Cash Flows
If the response is yes on line 3014, attach your company's RUS annual report and all required documentation
If the response is no on line 3014, is your company audited?
If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:
Either a copy of their audited financial statement, or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows
Management letter issued by the independent certified public accountant that performed the company's financial audit
If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:
Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,
Underlying information subjected to a review by an independent certified public accountant

(3013) Underlying information subjected to an officer certification.
(3024) PDF of Balance Sheet, Income Statement and Statement of Cash Flows
(3025) Attach the worksheet listing required information

(3014) Name of Attached Document Listing Required Information

(3015) Name of Attached Document Listing Required Information

(3016) Name of Attached Document Listing Required Information

(3017) Name of Attached Document Listing Required Information

(3018) Name of Attached Document Listing Required Information

(3019) Name of Attached Document Listing Required Information

(3020) Name of Attached Document Listing Required Information

(3021) Name of Attached Document Listing Required Information

(3022) Name of Attached Document Listing Required Information

(3023) Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	309003
<015> Study Area Name	American Broadband and Telecommunications Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035> Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039> Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	309003
<015> Study Area Name	American Broadband and Telecommunications Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035> Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039> Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Mike Dover</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Mike Dover
Name of Reporting Carrier:	American Broadband and Telecommunications Company
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Officer:	Jeffrey Ansted
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	419-824-5810
Study Area Code of Reporting Carrier:	309003 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	American Broadband and Telecommunications Company
Name of Authorized Agent or Employee of Agent:	Michael Dover
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Agent or Employee of Agent:	Michael Dover
Title or position of Authorized Agent or Employee of Agent:	Counsel for American Broadband and Telecommun
Telephone number of Authorized Agent or Employee of Agent:	(312) 857-7087
Study Area Code of Reporting Carrier:	309003 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	309003
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5910
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net
<810>	Reporting Carrier	American Broadband and Telecommunications
<811>	Holding Company	American Broadband and Telecommunications
<812>	Operating Company	American Broadband and Telecommunications

[illegible]

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**
FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	309010
<015> Study Area Name	American Broadband and Telecommunications Company
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Jeffrey Ansted
<035> Contact Telephone Number: Number of the person identified in data line <030>	(419) 824-5810
<039> Contact Email Address: Email of the person identified in data line <030>	jsa@ambt.net

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		<input type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="text"/> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<input type="text"/> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="text"/>	<input type="text"/>
<410> Fixed	<input type="text"/>	<input type="text"/>	<input type="text"/>
<420> Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="text"/>	<input type="text"/>
<440> Fixed	<input type="text"/>	<input type="text"/>	<input type="text"/>
<450> Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<510> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<610> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	309010
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jea@ambt.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

309010

Study Area Code
<010>

 <015> Study Area Name |

American Broadband and Telecommunications Company

2014

Jeffrey Ansted

<030>	Contact Name - Person USAC should contact regarding this data
-------	---

<035>	Contact Telephone Number - Number of person identified in data line <030>	(419)	821-5810

<039> Contact Email Address - Email Address of person identified in data line <030> - j.sajambt.net

 $\langle 220 \rangle$ [illegible]

FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	309010
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

1/1/2013	
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	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge
<701>		
<702>		

[illegible]

FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

Downloaded from <http://ajphaphysiol.org/> at University of California, San Diego on June 11, 2015

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	309010
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsavambt.net
<910>	Tribal Land(s) on which ETC Serves	

<920> Tribal Government Engagement Obligation

If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

Name of Attached Document (.pdf)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	309010
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsavambt.net

Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	309010
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220>	Link to Public Website	HTTP	Name of attached document (.pdf)
		www.americanassistance.com	

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation**Data Collection Form****Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	309010
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	j.sawant@net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐
- <2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Certification ☐
- <2013> 2014 Frozen Support Certification ☐
- <2014> 2015 Frozen Support Certification ☐
- <2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification ☐
- <2018> 5th year Broadband Service Certification ☐
- <2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions ☐

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	309010	
<015> Study Area Name	American Broadband and Telecommunications Company	
<020> Program Year	2014	
<030> Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted	
<035> Contact Telephone Number - Number of person identified in data line <030>	(419) 924-5810	
<039> Contact Email Address - Email Address of person identified in data line <030>	jra@ambt.net	

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	(Yes/No)	
Progress Report on 5 Year Plan (3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/> <input type="checkbox"/>	Name of Attached Document Listing Required Information
(3011) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)	Name of Attached Document Listing Required Information
(3015) PDF of Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name of Attached Document Listing Required Information
(3019) Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.	<input type="checkbox"/> <input type="checkbox"/>	
(3023) Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/> <input type="checkbox"/>	
(3024) Underlying information subjected to an officer certification.	<input type="checkbox"/> <input type="checkbox"/>	
(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/> <input type="checkbox"/>	
(3026) Attach the worksheet listing required information	<input type="checkbox"/> <input type="checkbox"/>	Name of Attached Document Listing Required Information

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	309010
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	309010
<015> Study Area Name	American Broadband and Telecommunications Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035> Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039> Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Mike Dover</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Mike Dover
Name of Reporting Carrier:	American Broadband and Telecommunications Company
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Officer:	Jeffrey Ansted
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	4198245810
Study Area Code of Reporting Carrier:	309010 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	American Broadband and Telecommunications Company
Name of Authorized Agent or Employee of Agent:	Michael Dover
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Agent or Employee of Agent:	Michael Dover
Title or position of Authorized Agent or Employee of Agent:	Counsel for American Broadband and Telecommun
Telephone number of Authorized Agent or Employee of Agent:	(312) 857-7087
Study Area Code of Reporting Carrier:	309010 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	309010
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa1ambt.net
<810>	Reporting Carrier	American Broadband and Telecommunications
<811>	Holding Company	American Broadband and Telecommunications
<812>	Operating Company	American Broadband and Telecommunications

[illegible]

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**
FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	339038
<015> Study Area Name	American Broadband and Telecommunications Company
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Jeffrey Ansted
<035> Contact Telephone Number: Number of the person identified in data line <030>	(419) 824-5810
<039> Contact Email Address: Email of the person identified in data line <030>	jsa@ambt.net

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		<input type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="text"/> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<input type="text"/> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<410> Fixed	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<420> Mobile	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<450> Mobile	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<510> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<610> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	339038
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jasaambt.net
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>
<111>		(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

<113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

339038

<015>	Study Area Name
-------	-----------------

American Broadband and Telecommunications Company

2014

Jeffrey Ansted

30> (419) 824-5810

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030> jsa@mbt.net
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<220>

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

1/1/2013	
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[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3050-0819
July 2013

<010> Study Area Code

<015>	Study Area Name
-------	-----------------

Program Year
<020>

<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted

<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810

<039>	Contact Email Address - Email Address of person identified in data line <039>	jisa@ambc.net
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<711>

[illegible]

**(800) Operating Companies
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code
<015>	Study Area Name
<020>	Program Year
<030>	Contact Name - Person USAC should contact regarding this data
<035>	Contact Telephone Number - Number of person identified in data line <030>
<039>	Contact Email Address - Email Address of person identified in data line <030>
	American Broadband and Telecommunications Company 2014 Jeffrey Ansted (419) 824-5810 jeaanbt.net
<810>	Reporting Carrier American Broadband and Telecommunications
<811>	Holding Company American Broadband and Telecommunications
<812>	Operating Company American Broadband and Telecommunications
<813>	

(900) Tribal Lands Reporting		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	339038
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jearanet.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)									
----------------------------	--	--	--	--	--	--	--	--	--

Name of Attached Document (.pdf)

(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--	--

<010>	Study Area Code	339038
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsarambt.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	339038
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsaambt.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

HTTP www.americanassistance.com

<1220> Link to Public Website

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation
Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	339038
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	j.anast@att.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1))
 <2011> 3rd Year Certification (47 CFR § 54.313(b)(2))

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Certification
 <2013> 2014 Frozen Support Certification
 <2014> 2015 Frozen Support Certification
 <2015> 2016 and future Frozen Support Certification

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))
 Certification Support Used to Build Broadband

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

[3000] Rate Of Return Carrier Additional Documentation		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	339038	
<015>	Study Area Name	American Broadband and Telecommunications Company	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted	
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5610	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jaanambt.net	
<p>Progress Report on 5 Year Plan</p> <p>3010 Milestone Certification (47 CFR § 54.313(f)(1)(i))</p> <p>Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313(f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p> <p>3011 Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))</p> <p>Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report</p> <p>Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:</p> <p>3015 Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p> <p>3016 PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> <p>3017 If the response is yes on line 3014, attach your company's RUS annual report and all required documentation</p> <p>3018 If the response is no on line 3014, is your company audited?</p> <p>If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p> <p>Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> <p>3019 Management letter issued by the independent certified public accountant that performed the company's financial audit.</p> <p>If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p> <p>Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,</p> <p>3020 Underlying information subjected to a review by an independent certified public accountant</p> <p>3021 Underlying information subjected to an officer certification.</p> <p>3022 PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> <p>3023 Attach the worksheet listing required information</p> <p>3024 Name of Attached Document Listing Required Information</p> <p>3025 Name of Attached Document Listing Required Information</p> <p>3026 Name of Attached Document Listing Required Information</p>			

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Certification - Reporting Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	339038	
<015> Study Area Name	American Broadband and Telecommunications Company	
<020> Program Year	2014	
<030> Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted	
<035> Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810	
<039> Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier: Data Collection Form	FCC Form 481: OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	---

<010> Study Area Code	339038
<015> Study Area Name	American Broadband and Telecommunications Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035> Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039> Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Mike Dover</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Mike Dover
Name of Reporting Carrier:	American Broadband and Telecommunications Company
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/14/2013
Printed name of Authorized Officer:	Jeffrey Ansted
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	419-824-5810
Study Area Code of Reporting Carrier:	339038 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	American Broadband and Telecommunications Company
Name of Authorized Agent or Employee of Agent:	Michael Dover
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/14/2013
Printed name of Authorized Agent or Employee of Agent:	Michael Dover
Title or position of Authorized Agent or Employee of Agent:	Counsel for American Broadband and Telecommun
Telephone number of Authorized Agent or Employee of Agent:	(312) 857-7087
Study Area Code of Reporting Carrier:	339038 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	339038
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jna@ambt.net
<810>	Reporting Carrier	American Broadband and Telecommunications
<811>	Holding Company	American Broadband and Telecommunications
<812>	Operating Company	American Broadband and Telecommunications

[illegible]

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	209031
<015> Study Area Name	American Broadband and Telecommunications Company
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Jeffrey Ansted
<035> Contact Telephone Number: Number of the person identified in data line <030>	(419) 824-5810
<039> Contact Email Address: Email of the person identified in data line <030>	jsa@ambt.net

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)	
<200> Outage Reporting (voice)	(complete attached worksheet)		
<210> <input type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)			
<310> Detail on Attempts (voice)	(attach descriptive document)		
<320> Unfulfilled Service Requests (broadband)			
<330> Detail on Attempts (broadband)	(attach descriptive document)		
<400> Number of Complaints per 1,000 customers (voice)			
<410> Fixed			
<420> Mobile			
<430> Number of Complaints per 1,000 customers (broadband)			
<440> Fixed			
<450> Mobile			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		
<510> <input type="checkbox"/>	(attach descriptive document)		
<600> Functionality in Emergency Situations	(check to indicate certification)		
<610> <input type="checkbox"/>	(attach descriptive document)		
<700> Company Price Offerings (voice)	(complete attached worksheet)		
<710> Company Price Offerings (broadband)	(complete attached worksheet)		
<800> Operating Companies and Affiliates	(complete attached worksheet)		
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)		
<1000> Voice Services Rate Comparability	(check to indicate certification)		
<1010> <input type="checkbox"/>	(attach descriptive document)		
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/>	(if not, check to indicate certification)		
<1110>	(complete attached worksheet)		
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	
<2005>	(complete attached worksheet)	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	
<3005>	(complete attached worksheet)	

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	209031
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jaa@ambt.net
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>
<111>		(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

<113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<010>	Study Area Code	205012
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 821-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

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FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

1/1/2013

10/14/2013

FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

Study Area Name
<015>

<020>	Program Year
-------	--------------

<030> Contact Name -

Jeffrey Ansted

(419) 824-5810

jsa@ambt.net

<a1>

642

2692

5

2

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	209031
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5610
<039>	Contact Email Address - Email Address of person identified in data line <030>	jaaaambt.net
<910>	Tribal Land(s) on which ETC Serves	

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

Select (Yes, No, NA)	
	<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
	<922> Feasibility and sustainability planning;
	<923> Marketing services in a culturally sensitive manner;
	<924> Compliance with Rights of way processes
	<925> Compliance with Land Use permitting requirements
	<926> Compliance with Facilities Siting rules
	<927> Compliance with Environmental Review processes
	<928> Compliance with Cultural Preservation review processes
	<929> Compliance with Tribal Business and Licensing requirements.

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	209031
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	209031
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP www.americanassistance.com

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	209031
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐
- <2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Certification ☐
- <2013> 2014 Frozen Support Certification ☐
- <2014> 2015 Frozen Support Certification ☐
- <2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification ☐
- <2018> 5th year Broadband Service Certification ☐
- <2019> Interim Progress Certification ☐
- <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

- <2021> ☐

(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
 OMB Control No. 3050-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	209031
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jea@ambt.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i))
 Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information ☐

(3011) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))
 Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) if yes, does your company file the RUS annual report
 Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

Name of Attached Document Listing Required Information ☐ (Yes/No)
☐ (Yes/No)

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐ ☐

(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows
 If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information ☐ (Yes/No)

(3017) If the response is no on line 3014, is your company audited?

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows

(3020) Management letter issued by the independent certified public accountant that performed the company's financial audit.

(3021) If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	209031
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier	FCC Form 481
Data Collection Form:	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	209031
<015> Study Area Name	American Broadband and Telecommunications Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035> Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039> Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Mike Dover</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Mike Dover
Name of Reporting Carrier:	American Broadband and Telecommunications Company
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/14/2013
Printed name of Authorized Officer:	Jeffrey Ansted
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	419-824-5810
Study Area Code of Reporting Carrier:	209031 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	American Broadband and Telecommunications Company
Name of Authorized Agent or Employee of Agent:	Michael Dover
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/14/2013
Printed name of Authorized Agent or Employee of Agent:	Michael Dover
Title or position of Authorized Agent or Employee of Agent:	Counsel for American Broadband and Telecommun
Telephone number of Authorized Agent or Employee of Agent:	(312) 857-7087
Study Area Code of Reporting Carrier:	209031 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	209031
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net
<810>	Reporting Carrier	American Broadband and Telecommunications
<811>	Holding Company	American Broadband and Telecommunications
<812>	Operating Company	American Broadband and Telecommunications

[illegible]